

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Title:: DEVICES AND EMTHODS FOR TREATING
VASCULAR MALFORMATIONS
Attorney Docket Number:: 005-002-C1
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 5
Total Drawing Sheets:: 23
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Hanson
Middle Name:: S.
Family Name:: Gifford
Name Suffix:: III
City of Residence:: Woodside
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 3180 Woodside Road
City of Mailing Address:: Woodside

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Sepetka
Name Suffix::
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 346 Costello Court
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: E.
Family Name:: Deem
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA

Country of Residence:: US
Street of Mailing Address:: 216 B Palo Alto Avenue
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martin
Middle Name:: S.
Family Name:: Dieck
Name Suffix::

City of Residence:: Cupertino
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 21105 Hazelbrook Drive
City of Mailing Address:: Cupertino
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95014

Correspondence Information

Name:: HOEKENDIJK & LYNCH, LLP
Street of mailing address:: P.O. Box 4787
City of mailing address:: Burlingame
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94011-4787

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	37,149	Jens E. Hoekendijk

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation	09/324,359	06/02/99

Assignee Information

Assignee Name::	Concentric Medical, Inc.
Street of mailing address::	2585 Leghorn Street
City of mailing address::	Mountain View
State or Province of mailing address::	CA
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94043